



Application Data Sheet 37 CFR 1.76		Attorney Docket Number	152-55CIP
		Application Number	10/729,562
Title of Invention	Methods of Treating Illnesses In Non-Human Mammals		
The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.			

Secrecy Order 37 CFR 5.2

<input type="checkbox"/>	Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)
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Applicant Information:

Applicant 1				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Thomas		Leon	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Oyster Bay	State/Province	NY	Country of Residence i
Citizenship under 37 CFR 1.41(b) i		US		
Mailing Address of Applicant:				
Address 1		Apothecus Pharmaceutical Corp.		
Address 2		220 Townsend Square		
City	Oyster Bay	State/Province	NY	
Postal Code	11771	Country i	US	
Applicant 2				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	John		Berggren	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Bayshore	State/Province	NY	Country of Residence i
Citizenship under 37 CFR 1.41(b) i		US		
Mailing Address of Applicant:				
Address 1		55 Shore Lane		
Address 2				
City	Bayshore	State/Province	NY	
Postal Code	11706	Country i	US	
Applicant 3				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Paul		Gabel	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	Port Jefferson	State/Province	NY	Country of Residence i
		US		



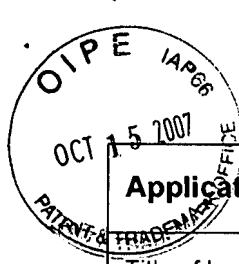
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Citizenship under 37 CFR 1.41(b) i		US	
Mailing Address of Applicant:			
Address 1		Apothecus Pharmaceutical Corp.	
Address 2		220 Townsend Square	
City	Oyster Bay	State/Province	NY
Postal Code	11771	Countryi	US
Applicant 4			
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117	
		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name
	Daniel	S.	Leon
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service			
City	Oyster Bay	State/Province	NY
		Country of Residence i	US
Citizenship under 37 CFR 1.41(b) i		US	
Mailing Address of Applicant:			
Address 1		Apothecus Pharmaceuticla Corp.	
Address 2		220 Townsend Square	
City	Oyster Bay	State/Province	NY
Postal Code	11771	Countryi	US
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.			

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).			
<input checked="" type="checkbox"/> An Address is being provided for the correspondence Information of this application.			
Name 1	Daniel P. Burke	Name 2	
Address 1	Daniel P. Burke & Associates, PLLC		
Address 2	300 Rabro Drive, Suite 131		
City	Hauppauge	State/Province	NY
Country i	US	Postal Code	11788
Phone Number	631-851-9766	Fax Number	631-851-9755
Email Address			Add Email Remove Email



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Application Information:

Title of the Invention	Methods of Treating Illnesses In Non-Human Mammals		
Attorney Docket Number	152-55CIP	Small Entity Status Claimed	<input checked="" type="checkbox"/>
Application Type	Nonprovisional		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	

Publication Information:

<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/> Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.					
Please Select One:	<input type="radio"/> Customer Number	<input checked="" type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)		
Prefix	Given Name	Middle Name	Family Name	Suffix	<input type="button" value="Remove"/>
	Daniel	P.	Burke		
Registration Number	30735				
Additional Representative Information blocks may be generated within this form by selecting the Add button.					

Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status	Abandoned	<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
	Continuation in part of	09/344693	1999-06-25
Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.			



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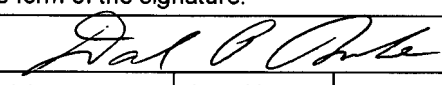
Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).			
			Remove
Application Number	Country ⁱ	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input type="radio"/> Yes <input checked="" type="radio"/> No
Additional Foreign Priority Data may be generated within this form by selecting the Add button.			

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.				
Assignee 1				
If the Assignee is an Organization check here. <input type="checkbox"/>				
Prefix	Given Name	Middle Name	Family Name	Suffix
Mailing Address Information:				
Address 1				
Address 2				
City		State/Province		
Country ⁱ		Postal Code		
Phone Number		Fax Number		
Email Address				
Additional Assignee Data may be generated within this form by selecting the Add button.				

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.					
Signature				Date (YYYY-MM-DD)	2007-10-10
First Name	Daniel	Last Name	Burke	Registration Number	30735